

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

New York State / Managed Long-Term Care Plan (MLTC) for Integrated Long-Term Care Services

Issue: VNS CHOICE

Summary

The Visiting Nurse Service (VNS) of New York established a long term care program for older people with disabilities called VNS CHOICE. Case managers have increased contact with participants because they also provide home health nursing, and case managers work with both health care and long-term service providers to coordinate participants' Medicare and Medicaid services. Also, the program's case management model includes a team approach – including a nurse practitioner, a rehabilitation therapist, social workers, and registered nurses – to meet the wide variety of needs older people with disabilities often have. According to program staff, VNS CHOICE has reduced hospital and nursing home use among participants and has low disenrollment.

Introduction

Older people who use long-term services often need medical care as well. Traditionally, however, publicly funded long term services, many of which are paid by Medicaid, are not effectively coordinated with acute health care services, which are predominantly paid by Medicare. VNS CHOICE, one of New York State's managed Medicaid long term care (LTC) plans, coordinates acute and LTC services through a comprehensive plan of care and a single case manager that follows the individual across all settings and sites of care. VNS CHOICE also uses a multidisciplinary team to service its case managers and to identify additional services older people may need.

This report briefly describes the VNS CHOICE managed LTC program. It highlights program services, operations, implementation, and impact. The information is based on written materials produced by the State of New York, media reports, interviews with staff involved with the implementation and oversight of the program, and the sponsoring agency's web site.

Background

VNS CHOICE is part of New York State's partially capitated managed LTC program. The program began in the mid-1990s as an alternative to existing fee-for-service Medicaid

services for people with disabilities. Currently, 14 managed LTC plans serve more than 5,000 people. New York State finances the plans through a fixed monthly capitated payment for a defined set of services that includes nursing home stays, prescription drugs, certain ambulatory services, and a broad array of home and community-based services. Non-covered services include physician and hospital services; New York pays Medicare co-payments and deductibles for these services on a fee-for-service basis. The model allows a variety of sponsoring organizations to establish managed LTC plans and coordinate both covered long term services and non-covered health care services.

Older people who use long term services often need medical care and other services.

VNS CHOICE, like all managed LTC plans, offers an enhanced package of Medicaid-covered home and community-based services. For example, plans cover care coordination, social day care, and chore services as well as standard Medicaid benefits like home health and nursing home care. A managed LTC enrollee also can be a member of a Medicare Health Maintenance Organization (HMO), in which case care is coordinated across both plans. Enrollment in managed LTC is voluntary, and

members may disenroll at any time. Several Medicare HMOs and managed LTC plans operate in the area served by VNS CHOICE, ensuring that enrollees have multiple options to consider.

Intervention

VNS CHOICE's care management model is unique among New York State's managed LTC plans. VNS CHOICE care managers are part of a multidisciplinary team that includes a Nurse Practitioner, a Rehabilitation Therapist, and two Social Workers as well as four care managers, called Nurse Consultants. Each team serves

Each team includes a nurse practitioner, a rehabilitation therapist, social workers, and registered nurses.

160 - 200 people. The variety of backgrounds among team members enables the team to meet a

wide variety of a person's needs. Nurse Practitioners advise interdisciplinary team members, provide geriatric assessments for clinically complex members, conduct staff education, confer with individual physicians, and are also primary care providers. Social Workers provide psychological and emotional assistance, and the Rehabilitation Therapist provides advice regarding the potential to use physical, occupational, and speech therapy.

The Nurse Consultants are the primary contact with participants. The Nurse Consultants work closely with the person, his or her family and physician, and the rest of the multidisciplinary team to develop an individualized plan of care. The Nurse Consultant regularly visits the member at home to provide care and monitor health status; and coordinates all LTC and health-related services through VNS CHOICE. VNS CHOICE calls the Nurse Consultant a "case manager for life" because he or she works with the person regardless of whether the person is at home, in the hospital, or in a nursing home. The VNS CHOICE Nurse Consultant also provides home care services for which a registered nurse is necessary. As a result, Nurse Consultants meet each participant more often and have increased contact with the direct support workers who provide most of the long term services.

VNS CHOICE subcontracts with VNS Home Care, a sister corporation, for a number of health

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plan functions (enrollment, case management, member services) as well as home care services. VNS CHOICE health plan staff is responsible for other administrative functions: (marketing, provider relations, claims, finance, quality management, staff development, and data management). Capitated services other than home care services (such as nursing home, home-delivered meals, chore service, medical and social day care, and transportation) are provided through the VNS CHOICE Community Care Network, which includes more than 60 community providers. Ambulatory services (audiology, podiatry, dentistry, and optometry) are delivered through health plan subcontracts with preferred provider organizations. The pharmacy benefit is provided through a pharmacy benefit management subcontract.

To be eligible for VNS CHOICE, an individual must be at least 65 years old, Medicaid eligible, qualify for a nursing home level care, need LTC services for at least four months as determined by a nursing assessment, and live anywhere in New York City. Individuals call VNS CHOICE directly if they are interested in enrolling, or may be referred to VNS CHOICE by their physician, or their home care or other community services providers.

The program contacts each individual referred to VNS CHOICE. If the person meets minimum eligibility criteria (residence, age, Medicaid eligibility) and is interested in learning about the program, a Nurse Consultant arranges a home visit to introduce VNS CHOICE, evaluates needs to determine clinical eligibility, and provides written materials. Membership usually becomes effective on the first day of the month after the application is submitted. The entire process can take between three to seven weeks from referral to start of services.

Implementation

VNS CHOICE began providing services in January of 1998 in one borough of New York City, Queens, and expanded to serve the entire city by June 2000. VNS CHOICE estimates that it invested over \$1 million in start up and development costs.

As enrollment grew, VNS CHOICE refined its staffing model by adding more people to the

multidisciplinary teams to better meet participants' needs. VNS CHOICE added Rehabilitation Consultants to identify opportunities for maintenance as well as restorative rehabilitation, and VNS CHOICE doubled the ratio of Social Workers. VNS CHOICE also increased its training staff to service the ongoing need for staff education. Developing staff expertise has continued to be vital to service growth, ensure consistency in service delivery and improve practice.

Impact

VNS CHOICE currently serves approximately 2,600 people. According to VNS CHOICE staff, the program serves older people who are at least as impaired as the average person served through other managed LTC plans and other home and community-based service programs in New York State.

Program staff report declining use of hospitals and nursing homes.

Key Questions:

Can the potential advantages of this model be adapted without a managed care approach?

The Nurse Consultants provide direct home health nursing and case management. What are the advantages and disadvantages of blending case management and home health care?

Comparison with a nursing home population is impeded by the lack of a common measure of impairment. Participant satisfaction with the plan has been above 95% since its inception, while voluntary disenrollment rates have declined over time (less than 5% on an annualized basis).

Program staff report hospital and long term nursing home use has decreased. While long term nursing home utilization has declined, short term nursing home admissions have increased. According to VNS CHOICE staff, short term nursing home use increased due to more admissions for the purposes of rehabilitation or stabilization.

Contact Information

For more information about VNS CHOICE, please contact Holly Michaels Fisher, Executive Director, VNS CHOICE at (212) 290-4858 or hfisher@vnsny.org. Information about VNS CHOICE program is available on the Internet at http://www.vnsny.org/mh_ltc_vnschoice.html.

Lisa Chevalier, MSW, wrote this report, one of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.